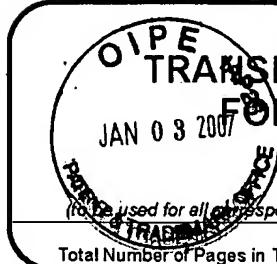


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 <p><b>OIPC</b> <b>TRANSMITTAL</b> <b>FORM</b> JAN 03 2007</p> <p>(This is used for all correspondence after initial filing)</p> <p>TRADEMARK</p>		Application Number	10/525,932
		Filing Date	February 25, 2005
		First Named Inventor	Doddrell
		Art Unit	2859
		Examiner Name	T. Fetzner
		Total Number of Pages in This Submission	19

**ENCLOSURES** *(Check all that apply)*

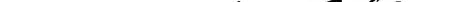
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC				
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences				
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information				
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter				
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):				
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Check for \$180.00				
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Modified 1449 Form (2 pages)				
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Cited References (13 references)				
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Return Receipt Postcard (1 card)				
<input type="checkbox"/> <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<table border="1"> <tr> <td>Remarks</td> <td>Papers transmitted herewith:</td> </tr> <tr> <td></td> <td> <ol style="list-style-type: none"> <li>1. Transmittal Form (PTO/SB/21; 1 page; this page)</li> <li>2. Fee Transmittal (PTO/SB/17; 1 page; 2 copies)</li> <li>3. Check \$180.00</li> <li>4. Amendment (13 pages)</li> <li>5. Information Disclosure Statement (1 page)</li> <li>6. Modified 1449 Form (2 pages)</li> <li>7. Cited References (13 references)</li> <li>8. Return Receipt Postcard (1 card)</li> </ol> </td> </tr> </table>		Remarks	Papers transmitted herewith:		<ol style="list-style-type: none"> <li>1. Transmittal Form (PTO/SB/21; 1 page; this page)</li> <li>2. Fee Transmittal (PTO/SB/17; 1 page; 2 copies)</li> <li>3. Check \$180.00</li> <li>4. Amendment (13 pages)</li> <li>5. Information Disclosure Statement (1 page)</li> <li>6. Modified 1449 Form (2 pages)</li> <li>7. Cited References (13 references)</li> <li>8. Return Receipt Postcard (1 card)</li> </ol>
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Maurice M. Klee, Ph.D.		
Signature			
Printed name	Maurice M. Klee, Ph.D.		
Date	December 27, 2006	Reg. No.	30,399

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